ISSUE SLIP STAPLE AREA (for additional cross references)

POSITION	HITIALS	ID NO.	DATE	
FEE DETERMINATION	. 7.		7-10-01	
O.I.P.E. CLASSIFIER		8	7-17-01	
FORMALITY REVIEW	AT	1074	088301	
RESPONSE FORMALITY REVIEW	ML_	800	10/26/01	
HESPUNDE FUHMALITY REVIEW	WI -	1 872	1012610	

INDEX OF CLAIMS

Rejected	N Non-elected
= Allowed	i Interference
 (Through numeral) Canceled 	A Appeal
÷ Restricted	O Objected

Clarm Date	Claim	Date	Claim	Date	٦
= 2125			4		
5 5 W ()	Final		Finel		-
× 5 02 02 03					
(0 ÷ 1)	51		101		
· 1 2	52		102		\Box
	53		103		_
\	54	╂╾┼╌╂╌╁╌╂╌╂╌╂	104	╌╁╼╂╼╂╾╁╌╁╌╏	_
3	55	╃╾┾╌╂╼╁╾╁╾╄╌╂╼┫	106	╌╄╌╂╌╁╍╂╌╂╾╂╾╂╌╂	4
6	56	╂╌┼╌╁╌╂╌╂╌╂╌╉	106		-1
├┈╬╫╫┼┼┼┼┾╇╇┾╃ ┪	58	╄┼┼┼┼╂┼	108	╃╃┼┼┼┼┼┼	-
	59	╂╌┼╌╁╌╁╌╂╌╂╌╂╌╂	109	╃╂┼┾┼┼	
10 111	60	╉╍┤╌╁╾╂╼╂╾╂╌╂╾╋╼╣	110	╼╂╼╃╼╂╼╂╾╂╌╁╼┩	닉
\ \\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\	61	╂┈╏┈╏╸╏┈╏	1111	╺╉╺┩╌╎╴┠╌╏ ╌┦ ╌┡╺	닉
12	62	╂┈┼┈╫╍╂╍╂╍╂┈╂┈ ┨	112	╸┡╶┞┈╏╸╂╌┞╌╏╺	\dashv
13112	63	╏╎╎╏╏ ╇╋╋	113	╶┢╸┩ ┈╂╌╂╌╂╌╂╌╂	ᅥ
G V	64	╆╒┋ ╃┋	114	╅╅┼╂┼┼╂	\dashv
© ✓ ✓ ✓ ✓ ✓ ✓ ✓ ✓ ✓ ✓ ✓ ✓ ✓ ✓ ✓ ✓ ✓ ✓ ✓	85	 	115	1 	ヿ
54111111111	86		718		ヿ
	57		117		J
19	68		118		\Box
19	69		119		\Box
20	70		120		
27 22	71		121		\Box
22	72		122		\Box
23	73		123		┙
24	74		124		_
25	75	╂┼╏╏ ┼┼┼┼┼	125		-1
26	78	╏╌┊╌╏╸╏╶╏╶╏╸╏	126	┵┵┵┵	-1
·····	77	╂╾┊╌┟╌╂╌┟╾╂╼╂╼┨	127	┵┵┼┼┼┼┼┼	-4
28	78	┩╌┼╸┧╺╂╶┪ ╾ ┨╺┫╸ ┦	129	╶┩╶╎╌┾╴╏╼┩╌╏╸ ┨╶┫	-4
30	80	╁┾╁╂╇╉┹╉╣	130	╼╊╌╂╌╂╌╂╌╂╌╂	ᅴ
	81	╊╾┼╼┟╌┠┄╂╌╉╼╂╌╂╾┫	131	╶ ╄╼╁╌╂╼╂ ┈╏╸ ┼╸╂	\dashv
32	82	┩╸┞╸┠╸┩ ╶ ╿ ╶╂╼╉╾┦	132	╶┩╶┩╌┩═╏╌╏╸ ╊╌╋	
33	83	┩┍ ╀╌┼╌┼╌┼╌╂╌╂╌┩╌┩	133	╶╂╼ ╂╌╂╌╂╌╂╌╂╌╂	
34	84	╂╌╀╌╂╌╂╌╂╌╂╌┦	134	╶┨╌╏┈╏┈╏┈╏╸╏╸	-
35	85	\ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ 	135	·┤·┞·┤·┤ ╾┡ ┤ ╸┤ ┤	-
36	86	 - - - - - - - - - - - - - - - - - - -	136		7
37	87		137		
36	88		138		
39	(89)		139		
40	90		140		J
41	91		144		
42	92		142		\neg
43	93		143		\exists
44	94		144		
45	95		145		긔
46	96		146		_
: [47	97		147		↲
	98		148		
49,	99		149	┧┧ ╁╁╂╂╄╇	
<u> </u>	100		150		لـــ

8), 10.

If more than 150 claims or 10 actions staple additional sheet here